



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Education Information

Circle the last year of school completed.	5, 6, 7, 8, 9, 10, 11, 12, Some College, Bachelors, Masters, Doctoral
Skills and Training	
Other	

Current Employer

Name of Company	
Address	
Phone	
Name of Supervisor	

Availability

During which hours are you available for volunteer assignments?

☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings
☐ Weekend afternoons ☐ Weekend evenings

Interests

In which areas are you most interested in volunteering?

☐ Senior Adult Programs ☐ Special Events ☐ Summer Camps ☐ Parks
☐ Outdoor Recreation ☐ Preschool/Youth ☐ Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Why

List the reasons you want to become a volunteer.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I certify that the statements made on this application are true and correct and were voluntarily provided. I understand that this information may be disclosed to any party with legal and proper interest, and I release the City of Hilliard from any liability associated with supplying such information. I also understand that I will not be paid for services as a volunteer, and that completing this application does not guarantee a position of volunteer service. By signature hereof, I agree to provide fingerprinting for a criminal background check.

Name (printed)	
Signature	
Date	
Parent/Guardian Signature (if under 18 years of age)	

**Hilliard Recreation and Parks Department
3800 Veterans Memorial Dr
Hilliard, Ohio 43026**

**Return to Megan Goudy:
mgoudy@hilliardohio.gov**